

STATE OF ARIZONA

944071

Certified Copy of Vital Record

Woodrow Bruce  
2914 74th St  
Highland

1601

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH

DEATH NO. D 102- 83-019872

NAME OF DECEASED: A FIRST Charles, B MIDDLE Edward, C LAST Myring; SEX: 2 Male; DATE OF DEATH: 3 November 16 1983

RACE (e.g., white, black, American Indian, etc.) SPECIFY: 4A White; WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY: B No; IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.: C -; WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): 5 No

PLACE OF DEATH: A COUNTY Maricopa, B TOWN OR CITY Phoenix, C HOSPITAL OR INSTITUTION Maricopa Medical Center; D.  DOA,  OP EMER.,  IN PATIENT

DATE OF BIRTH: MONTH March, DAY 5, YEAR 1896; AGE (YEARS LAST BIRTHDAY) 8A 87; IF UNDER 1 YEAR MOS. DAYS B; IF UNDER 1 DAY HRS MIN C; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 Married; SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10 Mary Leona Mileham

STATE OF (if not in USA, name country) BIRTH 11 Missouri; CITIZEN OF WHAT COUNTRY? SPECIFY 12 U.S.M.; SOCIAL SECURITY NO. 13 319-01-5293; USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A Welder; KIND OF BUSINESS OR INDUSTRY B Allied Structural

USUAL RESIDENCE: A STATE Arizona, B COUNTY Maricopa, C TOWN OR CITY Phoenix, D ZIP CODE 85041

STREET ADDRESS OR RFD 15E 522 W. Paseo Way; INSIDE CITY LIMITS? (SPL. CITY Yes or No) 15F Yes; ON RESERVATION (Specify yes or no) 15G No; HOW LONG IN ARIZONA? YEARS 16 2, MONTHS 5, DAYS; PREVIOUS STATE OF RESIDENCE 17 Indiana

FATHER'S NAME: A FIRST William, B MIDDLE, C LAST Myring; MOTHER'S MAIDEN NAME: A FIRST Jessie, B MIDDLE E., C LAST Shaffer

INFORMANT'S SIGNATURE (Jennifer Mounier) 20 Charles Roy Myring; RELATIONSHIP TO DECEASED 21 Son; ADDRESS: STREET NO. 22 522 W. Paseo Way, CITY AND STATE Phoenix, Arizona, ZIP CODE 85041

BURIAL, CREMATION, REMOVAL, OTHER (Specify) 23 Burial; DATE 24 11/21/83; CEMETERY OR CREMATORY - NAME/LOCATION 25 East Resthaven Cemetery Phx., Az.; EMBALMER'S SIGNATURE 26; CERT. NO. 27 655R

FUNERAL HOME: NAME 28 Botimer Family Mortuary, STREET ADDRESS 8646 S. Central Ave., CITY AND STATE Phx., Az.; FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29; CERT. NO. 30 452R

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE 31, DATE SIGNED (Mo., Day, Year) 32, HOUR OF DEATH 33, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. SIGNATURE AND TITLE 35, DATE SIGNED (Mo., Day, Year) 36 11/19/83, HOUR OF DEATH 37, PRONOUNCED DEAD (Mo., Day, Year) 38 ON 11/16/83, PRONOUNCED DEAD (Hour) 39 AT 4:51 P

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) 40

DATE REGISTERED 41 DEC 25 1983; REG. FILE NO. 42 11779; REGISTRAR'S SIGNATURE 43; REG. DISTRICT 44 0703; DATE RCVD IN STATE OFFICE 45 DEC 27 1983

PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON EACH LINE) A. IMMEDIATE CAUSE Arteriosclerotic Heart Disease; B. DUE TO, OR AS A CONSEQUENCE OF; C. DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?) 47; AUTOPSY (Specify yes or no) 48 No; WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 49 Yes

MANNER OF DEATH:  NATURAL CAUSES,  ACCIDENT,  SUICIDE,  HOMICIDE,  PENDING INVESTIGATION,  UNDETERMINED; DATE OF INJURY 51; INJURY AT WORK? (Specify yes or no) 52; DESCRIBE HOW INJURY OCCURRED 54; PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 55; WHERE LOCATED? 56

SUPPLEMENTARY ENTRIES 57

Anna N. Antonio  
AUDITOR LAKE COUNTY

STATE OF ARIZONA }  
COUNTY OF MARICOPA } SS

DATE ISSUED MAR. 11 3 1986

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

LLOYD F. NOVICK, M.D., Director  
Arizona Department of Health Services  
State Registrar

Alfonso Bravo  
ALFONSO BRAVO  
Assistant State Registrar

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OAK CENTER ADD 153 BL 2

APPROXIMATE INTERVAL BETWEEN ONSET AND END OF RECORDABLE PERIOD  
OCT 16 4 09 PM '87  
LAKELAND RECORDS  
ALFONSO BRAVO

